BEST	AVA	JL ÀBI	E	CC)PY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Dock 1 Numb									1				
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALI TYPE	LEN	mmy □	OR	OTHER SMALL			
TOTAL CLAIMS		17					RATE		FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBE	R EXTRA		BASIC FEE		355.00	OR	Basic fee	·710.00	
TOTAL CHARGEABLE CLAIMS		BLE CLAIMS	17 minus 20=		•			X\$ 9=			OR	X\$18=	ø
INDEPENDENT CLAIMS		2 minus 3 = *		*	<i></i>		X40=			OR	X80=	1	
MULTIPLE DEPENDENT CLAIM PRESENT]	+135=			OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL			OR	TOTAL	710		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						3)	SMA	LL I	ENTITY	OR	OTHER SMALL I	, ,	
AMENDMENT X		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RAT	E	ADDI- TIONAL • FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	.23	Minus	-2	0	= 3		X\$ 9)=		OR	X\$18=	54 R
4MEI	Independent	· 3	Minus *** 3 =			_]	X40	=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					ָ לַ	+135	5=		OR	+270=			
	,							TO ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
	E	(Column 1)			ımn 2)	(Column	3)				_		
AMENDMENT'8		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z Q W	Total	. 27	Minus	• 5	20	= 7		X\$ 9	}=		OR	X\$18=	126
AMEI	Independent	• 3	Minus	***	3	= 0	4	X40)=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	+270=			
								ADDIT.	TAL FEE		OR	TOTAL ADDIT, FEE	De
		(Column 1)			umn 2)	(Column	3)				_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER 110USLY D FOR	PRESEN EXTRA	г	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q M	Total	•	Minus	**		=		X\$:	9=		OR	X\$18=	
WE.	Independent		Minus	•••	IT CLASS		4	X40)=		OR	X80=	
117	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												

* If th ntry in column 1 is I se than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is I se than 3, enter "3."

Th "Highest Number Previously Paid For" (Total or Indep Indent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/00)

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OR

+135=

+270=

TOTAL OR ADDIT FEE